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INSTRUCTIONS: Only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be specified when the patentee would like correspondence related to maintenance fees to be mailed to a different address than the correspondence address for the application.

When to check the first box below: If the fee address for the patent and/or application number(s) you indicate is to be established with, or changed to, an existing Customer Number.

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For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

Please recognize as the "Fee Address" under the provisions of 37 CFR 1,363 the address associated with:

OR	
Request for Customer Number (PTO/SE in the following listed application(s) for	3/125) attached hereto which the Issue Fee has been paid for patent(s).
PATENT NUMBER	APPLICATION NUMBER
6,925,328	09/921,066
Completed by (check one): ☐ Applicant/Inventor	Signature OS Apry '076
Attorney or Agent of record (Reg. No.)	Stuart G. MacDonald Typed or printed name
Assignee of record of the entire interest. See Statement under 37 CFR 3.73(b) is end	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more that one signature is required, see below.

This collection of information is required by 3T CFR 1.383. The information is required to obtain or retain a benefit by the gubTio by the UBTIO to process) an application. Confidentiality is governed by 3S U.S.C. 1.22 and 3T CFR 1.11 and 1.14. This collection is estimated to take 6 mitudes to complete, including gathering, preparing, and submitting the completed application form to the UBFIO. Time will vary depending upon the individual case. Any comments on the amount of time by unrequire to complete this form and/or supplexish for tracturing this process. The complete this form and/or supplexish for tracturing the amount of time by unrequire to complete this form and/or supplexish for tracturing the amount of time by unrequire to complete this form and/or supplexish for tracturing the amount of time to the tracture of the supplexished to the amount of time to the tracture of the supplexished to the supplexished the supplexished to the supplexished t

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.